UNITED NATIONS

DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/152
25 January 1996

ORIGINAL: English

Second regular session 1996
25-29 March 1996, New York
Item 3 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Syrian Arab Republic
Support for a comprehensive population programme

Proposed UNFPA assistance:	$18 million, of which $13 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources and cost sharing with the Government of the Syrian Arab Republic, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	$1.3 million under cost-sharing in local currency and $33.5 million in kind
Duration:	Five years
Estimated starting date:	January 1996
Executing agencies:	Government of the Syrian Arab Republic United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	State Planning Commission

Demographic facts

Population (000)	
Total	14,661
Males	7,394
Females	7,268
Sex ratio (/100 females)	101.7
Urban	7,676
Rural	6,985
Per cent urban	52.4
Population in year 2000 (000)	17,329
Functional age groups (%)	
Young child: 0-4	18.1
Child: 5-14	29.2
Youth: 15-24	19.9
Elderly: 60+	4.4
65+	2.8
Percentage of women aged 15-49	44.4
Median age (years)	16.2
Dependency ratios: total	103.5
(/100) Aged 0-14	98.1
Aged 65+	5.4
Agricultural population density (/hectare of arable land)	0.5
Population density (/sq. km.)	79.0

Average annual change (000)	
Population increase	544
Births	623
Deaths	79
Net migration	0
Annual population total (% growth)	3.3
Urban	4.3
Rural	2.3
Crude birth rate (/1000)	38.9
Crude death rate (/1000)	5.0
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.4
Contraceptive prevalence rate (% 15-44)	20
Gross reproduction rate (/woman)	2.6
Net reproduction rate (/woman)	2.5
Infant mortality rate (/1000)	32.7
Maternal mortality rate (/100,000)	140
Life expectancy at birth (years)	
Males	66.7
Females	71.2
Both sexes	68.9
GNP per capita (U.S. dollars, 1991)	1,150

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations. Figures for gross national product per capita: World Bank, World Tables 1995. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995, figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1995-2000. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1995-2000. The maternal mortality rate is from The State of World's Children. Figures for contraceptive prevalence rates are for currently married women aged 15-44 and are from United Nations Population Division, World Contraceptive Use 1994.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance in the amount of $18.0 million, of which $13.0 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1996, to assist the Government of the Syrian Arab Republic in achieving its population and development objectives. The proposed five-year programme, UNFPA's fifth cycle of assistance for the Syrian Arab Republic, is harmonized with and complemented by the programmes of UNICEF (1996-2000), the World Health Organization (WHO) (1996-1997), and the World Food Programme's new project cycle (1996-1997). It coincides with the Government's eighth five-year National Development Plan (1996-2000). It had been agreed that the programme would also be harmonized with UNDP's five-year country programme, but UNDP has decided recently to start its new programme in 1997.

2. The proposed five-year programme is based on the population and development objectives of the Syrian Arab Republic, the Country Strategy Note, which accorded population issues high priority; the national report submitted to the International Conference on Population and Development (ICPD), the draft eighth five-year development plan, and the findings and recommendations of the programme review and strategy development (PRSD) mission that visited the Syrian Arab Republic in May/June 1995. It takes into account the extent of external assistance that is likely to be forthcoming from such other donors as the European Union. Extensive discussions took place with representatives of the State Planning Commission and other government institutions involved in planning priorities and strategies in the field of population, United Nations agencies and organizations resident in the country; and NGOs active in the population area.

3. The overall objective of the proposed programme is to assist the Syrian Arab Republic in achieving its goal of sustainable human development, both social and economic. The Government of the Syrian Arab Republic believes that addressing the wide range of reproductive health needs of its people in a sustainable manner would realize further reductions in maternal morbidity and mortality rates; infant and child morbidity and mortality rates, and fertility rates. The Government also believes that this would contribute to gender equity and equality and the empowerment of women, and to the awareness and prevention of sexually transmitted diseases (STDs), including HIV/AIDS. This is in addition to addressing the issues of disparities between rural and urban populations, poverty reduction, particularly among women, and environmental concerns. Accordingly, the programme would support the Government's efforts in three areas: (a) reproductive health, including family planning and sexual health (hereafter referred to as reproductive health), (b) advocacy, and (c) population and development strategies. Gender equity and equality and the empowerment of women as well as the needs of youth and men will be addressed in each of these three thematic areas.

4. Emphasis would be placed on national execution by the Government and national NGOs. UNFPA would execute specific components of the programme areas such as the provision of international experts and consultants, technical backstopping by the UNFPA Country Support Team (CST), procurement of equipment and supplies, training abroad, the umbrella project and programme support.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

II. BACKGROUND

6. Social and economic conditions. During the 1980s, the country passed through severe economic difficulties, and economic growth has not kept pace with population growth: the annual growth rates of the gross domestic product (GDP) averaged only about 2.5 per cent as compared to about 3.5 per cent growth in the population each year. This high population growth, in addition to having an overall adverse impact on the quality of life for the individual, has also had serious economic repercussions. Indeed, despite a near-doubling in the total size of the labour force (2.1 million in 1981 to 4.1 million in 1994), the overall economic activity rate remained low at 29 per cent. This low activity rate is attributable to the young age-structure of the population and the low level of female participation. Though not gauged accurately, open unemployment, disguised unemployment and the growth of submarginal urban and informal sectors are becoming causes for concern.

7. The total numbers of students enrolled in primary, intermediate and secondary schools jumped from about 1.6 million in 1974 to 2.5 million in 1984 and to 3.4 million in 1993. The gross public sector expenditures for pre-university education have risen by an average annual increment of about 15 per cent. Concomitantly, the number of primary, intermediate and secondary school teachers has soared from 43,237 to 154,000, an average annual increase of nearly 7 per cent.

8. Recent data indicate that fertility transition has started in the Syrian Arab Republic. The contraceptive prevalence rate was 39.6 per cent in 1993. The total fertility rate has declined to 4.7 children per woman for the period 1988-1992, representing a sharp decline of 37 per cent from its registered level of 7.5 children per woman during the period 1978-1982. The total population in 1994 reached 13.8 million, growing at a rate of 3.3 per cent a year. The percentage of children below age 15 dropped from 48 per cent in 1970-1981 to 42.2 per cent according to the 1993 survey of the Pan-Arab Project for Child Development (PAPCHILD). Similarly, the infant mortality rate declined from around 107 per 1,000 live births in 1965-1970 to 39 per 1,000 live births in 1990-1995. The maternal mortality rate, though it remains high, has also registered a sharp decline from 280 per 100,000 live births in the 1980s to 143 per 100,000 in the early 1990s. The mean age at first marriage for women has increased from 21 to 24.5 years of age during the period 1973-1993. Equally important is the significant drop in the rate of illiteracy for women 10 years and over: from 55.1 per cent in 1981 to 30.6 per cent in 1993.

9. Wide differences in fertility and family planning levels were observed among geographic areas and socio-economic groups. The estimated total fertility rate in urban areas was 3.6 compared to 5.1 in rural areas and was 5.3 for illiterate women in contrast to 2.6 for those who had completed secondary school. A higher contraceptive prevalence rate was observed for urban women (49.2 per cent) compared to that for rural women (27.4 per cent).

The continuous rise in the age at first marriage, the greater use of contraceptives, and the commitment to meeting the high level of unmet demand for family planning will contribute to further declines in fertility levels.

10. Gender equity and equality and the empowerment of women. Women are accorded equal rights with men under the Permanent Constitution of 1973. Article 25 stipulates that all citizens are equal in rights and duties under the law, while article 45 stipulates that the State guarantees women all the opportunities to enable them to contribute fully and effectively to political, social, cultural and economic life and that the State should work to remove restrictions that prevent the advancement of women and their participation in building national society. The law also considers any violence against women as a crime. However, there is an acute need for informing women of their rights and for reinforcing the application of these laws. Family law is governed by the Shariah, traditional Muslim law, concerning marriage, divorce, custody of children and inheritance.

11. The minimum legal age for marriage is 17 for females and 18 for males. The mean age at first marriage for women has increased from 21 years in 1973 to 24.5 in 1993. The tendency for early marriage for women (before or at age 15), which is associated with higher fertility levels, has decreased but has not disappeared.

12. Marriage among relatives is frequent in the Syrian Arab Republic. One in every three women was married to a cousin of the first degree (44 per cent among illiterate women but only 20 per cent among women who had completed secondary or higher education). Marriage among relatives presents higher health risks for children, and a national campaign has been launched to raise awareness about this practice.

13. In 1981, there were 13 women in Parliament, representing 6.6 per cent of the total. In 1994, this had risen to 24 women, representing 9.6 per cent of the total. There are two women ministers, the Minister of Culture and the Minister of Higher Education, and a woman has been appointed as deputy to the Minister of Health. The number of women directors in various ministries is, however, very small (less than 3 per cent), except in the Ministries of Education, Culture and Social Affairs.

14. Compulsory education for girls and boys up to grade 6 was introduced in 1981. The Government is presently considering raising compulsory education to the 9th grade. Free education at all levels including university has benefited girls and women over the last two decades. Major progress has been achieved in adult literacy since the adoption of the literacy law in 1972. The rate of illiteracy for women 10 years and over dropped from 55.1 per cent in 1981 to 30.6 per cent in 1993, compared to a drop in the male illiteracy rate from 22.1 per cent to 11.2 per cent for the same period.

15. Reproductive health. The Ministry of Health (MOH) is the lead national organization in providing preventive and curative health services, including the provision of such services for women and children, through the 959 primary health care facilities that are distributed across the country's administrative subdivisions. Services are also provided through 26 university hospitals, military hospitals and MOH Governorate hospitals. Among other nationwide organizations, the General Federation of Labour Unions, the General Union of Women, the Syrian Red Crescent, as well as UNRWA and some benevolent organizations also operate health facilities. The clinics

operated by the Syrian Family Planning Association, the International Planned Parenthood Foundation (IPPF) affiliate, total 15. The health system is characterized by the wide disparities in coverage and quality of services between rural and urban areas and, within provinces, between one district and the other. These disparities include the overall conditions of health facilities as well as variations in distribution of staff.

16. Private sector clinics and pharmacies exist in urban and, to a much lesser extent, rural areas. According to the 1993 PAPCHILD survey, the private sector accounted for 41 per cent of the sterilizations and insertions of intra-uterine devices (IUDs) performed in urban areas, almost the same extent as the public sector, which accounted for 42 per cent of these services. In rural areas, however, the private sector has played a smaller role, accounting for only 3 per cent of these services.

17. UNFPA-supported information, education and communication (IEC) projects have contributed to creating a high level of knowledge about contraceptives. The PAPCHILD survey showed that 91.8 per cent of married women knew about the pill, and 89.0 per cent were aware of IUDs. Overall, 92.6 per cent of married women knew at least one modern family planning method, and 84.0 per cent had positive attitudes about family planning. Among those who were not using family planning, 42 per cent did not plan to have more children. Unmet demand is estimated, on the basis of PAPCHILD data, at around 18 per cent, meaning that 18 per cent of women would have used family planning services if these were accessible or acceptable to them.

18. The Study on Delivery of Basic Services in the Syrian Arab Republic (1995) indicated that 24 per cent of pregnant women admitted in 147 maternity service centres were diagnosed with high risk delivery and/or pregnancy complications. In decreasing order, the causes for these high risks or complications were abortion (52 per cent), haemorrhage, sepsis, ruptured uterus, obstructed labour and toxemia.

19. The recognition for the need to address the transmission of STDs, including HIV/AIDS, has led to the establishment of a special department at the level of the Primary Health Care Directorate as well as the creation of a National Committee on AIDS. At present, the activities are centred around IEC. There is a plan to add services for specific age groups and individuals exposed to high mobility and to meet the increased demand created for counseling on safe sexual behaviour and on the use of condoms.

20. Integration of population in development planning. Since 1986, the Syrian Arab Republic has undertaken several steps to formulate an explicit and comprehensive population policy that was to be integrated into national and sub-national development policies and strategies. These steps entailed gradual improvements in both the institutional and substantive dimensions of its policy formulation process. The current Permanent Population Committee (PPC) was established to improve the efficiency of the role of the State Planning Commission in coordinating population programmes, to initiate and monitor population policy development, and to ensure and oversee policy implementation and the integration of population factors into socio-economic development. The expressed need underlying the government endeavour to develop this policy stems from the fact that adverse pressures clearly associated with rapid population growth are becoming increasingly apparent in terms of both individual welfare and societal development.

III. LESSONS LEARNED

21. UNFPA has been a partner with the Government of the Syrian Arab Republic in the area of population and development since 1971 when it provided support for the population census in that year. Four UNFPA country programmes have been implemented in the Syrian Arab Republic. The first country programme (1976-1980) was in the amount of $3.0 million, the second one (1981-1985) totaled $3.0 million; the third programme (1986-1989) was approved in the amount of $4 million, of which $3.2 million came from UNFPA regular resources and $800,000 was contributed by the Government of the Syrian Arab Republic. The previous, fourth, programme (1990-1994) was approved in the amount of $10.0 million. It was extended through 1995 in order to harmonize the programme with the programmes of UNFPA's partners in the Joint Consultative Group on Policy (JCGP) and with the National Development Plan. This programme was increased by an additional $1.0 million of trust funds from the Government of the Syrian Arab Republic, and $250,000 in trust funds from the European Union.

22. Except for modest contributions from the IPPF to the Syrian Family Planning Association and one from the European Union to the Government through UNFPA, UNFPA remains the only source of external assistance for population activities in the country. Committed to addressing its population issues, the Government of the Syrian Arab Republic provides monetary support in the form of trust funds to UNFPA to augment the population programmes. This is in addition to in-kind contributions in the form of salaries, premises and other running costs.

23. UNFPA's fourth comprehensive population programme realized its quantifiable demographic and health goals and objectives. Important results were achieved in reducing the maternal mortality rate, the infant mortality rate, the female illiteracy rate, the crude death rate, and the total fertility rate and in adjusting the age distribution of the population. Equally important results were achieved in increasing the contraceptive prevalence rate, life expectancy at birth, and the mean age at first marriage for women. These have been detailed in the appropriate sections of the background above.

24. These achievements were realized through a number of strategic interventions that have led to improved coordination, particularly between maternal and child health and family planning (MCH/FP) and IEC projects, enhanced national execution and absorptive capacity; and an increasingly favourable political climate and greater acceptance of family planning by the people.

25. The previous programme presented a major challenge to UNFPA's field office and to the national institutions involved. It initiated many new activities while building on previous achievements. Advocacy and communication through mass media, including newspaper articles, public debate, soap operas, television and talk shows were introduced by the programme to augment population education. For the first time, IEC activities were specifically addressed to youth and provided them with population and sex education. MCH/FP projects included new activities in the areas of logistics, involvement of private physicians, management information systems and health education. A wider choice of contraceptives was introduced. Policy research and formulation were also introduced. Training on gender analysis for population and development was carried out both locally and abroad.

26. Inter-agency collaboration at both the programme and project levels was taken advantage of by the Government. For example, UNFPA- and UNDP-funded projects in the area of data collection are designed to complement each other. Similarly, complementarities between the inputs of UNFPA, WHO and UNICEF at the primary health care level have proven to be effective. In line with the Country Strategy Note, arrangements for collaboration between United Nations organizations in the area of reproductive health have been agreed to by the heads of the three organizations resident in the Syrian Arab Republic and by representatives of the Ministry of Health and the State Planning Commission.

27. Invaluable lessons for further improvements were also learned during the previous programme. For IEC to be more effective, there is a need for a comprehensive IEC strategy that incorporates the findings of sociocultural studies, targets men and youth and addresses issues of gender equity and equality and the empowerment of women. In the area of reproductive health there is a need to expand geographic coverage and the range of services offered and to improve the quality of services to render them more responsive to the needs of men and women, including youth. Experiments that proved useful in involving the private sector in service delivery and in the community-based distribution of contraceptives, particularly by traditional birth attendants, need to be generalized. Moreover, there is an acute need for improved programme design, management, monitoring and impact assessment, including the articulation of indicators and measurements.

Other external assistance

28. UNFPA is the only source of external assistance in the area of population. The IPPF provides the Syrian Family Planning Association with modest contributions annually. For the period 1990-1995 the total contribution from IPPF amounted to $1.75 million in cash and commodities. The European Union contributed $250,000 through UNFPA in support of the national family planning programme. More recently, the European Union has agreed to channel $1.75 million through UNFPA in support of the reproductive health programme in order to help improve the quality of care offered. This amount is programmed under the European Union's 1996-2000 proposed country programme. The Japan International Cooperation Agency (JICA) supported the health sector in 1994 by providing 93 ambulances as well as magnetic resonance equipment. JICA has indicated interest in supporting reproductive health activities provided that the Government of the Syrian Arab Republic requests such support.

29. The total amount allocated by WHO for the biennium 1994-1995 was $2.64 million, primarily for efforts to strengthen the primary health care system. WHO is also the technical executing agency for UNFPA projects in the area of reproductive health. UNICEF's programme of cooperation totaled $5 million for the years 1991-1995. The programme was broadly aimed at building a strong basis for the achievement of the major national health, nutrition and education goals by the end of decade. The 1996-2000 country programme, which was approved for $10.0 million, will emphasize the promotion of primary health care reform. In view of similar areas of concern between UNFPA and UNICEF, close cooperation and complementarity of efforts have been ensured in the forthcoming programme cycle.

IV. PROPOSED PROGRAMME 1996-2000

30. The proposed programme supports the Government's efforts to achieve the following objectives in the area of reproductive health: (a) reducing maternal mortality from 143 to 75 per 100,000 live births by 2015 and infant mortality from 32 to 20 per 1,000 live births by 2015 as well as reducing maternal morbidity by expanding the coverage and improving the quality of reproductive health services; (b) harmonizing the population growth rate with the country's economic capabilities by reducing the population growth rate from 3.3 per cent a year in 1995 to 2.5 per cent a year in 2015 by increasing the contraceptive prevalence rate from 40 per cent to 64 per cent by 2015 and by widening the availability and accessibility of varied choices of modern contraceptive methods; (c) increasing the efficiency of population IEC and advocacy; (d) articulating, implementing and monitoring a comprehensive and dynamic population policy; and (e) raising female economic activity from 16.6 per cent in 1995 to 26 per cent in 2015, and reducing female illiteracy from 31 per cent in 1993 to 13 per cent by the year 2015. The proposed programme would also support activities to combat the spread of HIV/AIDS, integrate population variables into development planning, and create awareness of the interactions between population and the environment. Gender issues would be addressed in all programme activities.

31. The proposed programme is heavily oriented towards reproductive health activities. Approximately $13.5 million, or about 75 per cent of programme resources, would be used to assist the Government in expanding the scope and coverage of reproductive health services; improving the quality of services; improving the knowledge and attitudes of both service providers and clients (men, women and youth); satisfying unmet demand; improving the planning, monitoring and evaluation skills of service managers; improving the monitoring systems and enhancing national capability in reproductive health training. IEC and gender activities will be integrated into reproductive health services. The second component of the proposed country programme is for policy formulation, implementation and monitoring at an estimated amount of $2.5 million. Advocacy activities constitute the third component of the proposed programme, with $1.0 million being earmarked for this component. Support would be provided for national programme support staff to assist national execution in coordination, implementation and monitoring activities. In order to facilitate the role of NGOs and popular organizations in programme design and implementation, $5.0 million from UNFPA regular resources would be earmarked for NGOs.

Programme strategy

32. The PRSD mission recommended overall and area-specific population programme strategies. The overall strategies aim at building the national capability and capacity to plan, implement and monitor population policies and programmes. They emphasize strong partnership between the Government, NGOs and popular organizations, and the private sector. They also emphasize continuous transfer of know-how and the building of the capacity for national execution, including the ability of the Government to coordinate international population assistance.

Reproductive health

33. In supporting activities in the area of reproductive health, UNFPA would focus on strengthening the coordination and policy base for reproductive health activities; developing the management capabilities of service managers at both the central and provincial levels; training health care personnel to respond to a holistic reproductive health approach; strengthening the logistics and supply systems, expanding the coverage, quality and range of reproductive health services, with emphasis on underserved areas; addressing access issues, including the needs of youth and men; establishing a viable referral system, improving the quality of services, including counseling skills; strengthening management information systems, including data collection, analysis and utilization, encouraging operations research and the development of an information base, particularly on women's morbidity; developing an effective IEC strategy; and addressing gender equity and equality and the empowerment of women

34. In the area of reproductive health, UNFPA would provide support to the Department of Reproductive Health and Family Planning at the Ministry of Health, the Syrian Family Planning Association, the Youth Union, the Labour Union, and the General Women's Union. UNFPA would endeavour to strengthen the coordination between these entities as well as between the central, provincial and local levels of the organizations' themselves. UNFPA support would be limited to the primary health care system except for family planning activities, which would be carried out at all levels of the health care system.

35. Specifically, UNFPA would provide support to the Ministry of Health in the transfer of know-how through training abroad and the in-service training of the primary health care medical and paramedical staff. It would assist in harmonizing the pre-service and in-service training curricula for all categories of primary health care professionals and incorporate reproductive health concepts and counseling skills in training and teaching curricula. Special emphasis would be placed on training of traditional birth attendants on safe delivery skills and family planning. Similarly, UNFPA would provide assistance in contraceptive procurement, storage and distribution in order to ensure nationwide availability of a good quality and affordable mix of contraceptives. UNFPA support would also include medical equipment for basic maternal health and for safe deliveries as well as training in obstetrics emergency care. The provision of mini-laboratories for the diagnosis of common genital infections and the training of staff on the detection, treatment and referral of STDs would be supported at the primary health care level. Assistance would also be given to first degree referral centres to help them deal with deliveries, reproductive tract infections and infertility. Similarly, UNFPA would help strengthen management systems and the research base relating to the quality of services.

36. UNFPA would assist the Syrian Family Planning Association in the areas of social marketing and the community-based distribution of contraceptives. The Fund would provide support to the Women's Union for incorporating reproductive health services at its 15 clinics and endeavour to expand the network of these clinics and link them to the community through volunteer field workers. Health training of this cadre would be undertaken by the Ministry of Health. The cadre would also receive training in social communication and counseling. UNFPA would also support the Youth Union, particularly in sex education, social communication, counseling, referral of cases of STDs, and gender concerns relevant to the needs of youth. Labour Union clinics

would be equipped for providing reproductive health services and for training staff in the provision of quality services and counseling, particularly for men.

37. UNFPA would assist the medical schools at the country's universities in incorporating reproductive health studies in their curricula and in providing practical training, as well as for conducting operations research. Innovative approaches for involving the private sector in reproductive health activities would be supported.

38. Information, education and communication in support of reproductive health. UNFPA would provide funding to the Ministry of Health's IEC Unit in developing an IEC strategy in support of national reproductive health objectives, including the prevention of STDs and HIV/AIDS. UNFPA would support the IEC Unit in the conceptualization, design and production of quality audio-visual training, educational and motivational materials for reproductive health personnel and clients. Support would be made available for training of health service providers and educators on gender concerns and for counseling and social communication activities aimed at enlisting the cooperation of men and youth in the reproductive health programme.

39. The Fund would also assist the Ministry of Education in incorporating family life education and gender issues into curricula, including promoting attitudes of mutual respect, and especially among boys towards women and girls from the earliest age at school. Similar support would be considered for incorporating family life education and gender issues into the literacy programme offered by the Ministry of Culture. Assistance would be given to further strengthen the Population Information Department at the Ministry of Information for messages concerning reproductive health and gender issues through the mass media. Emphasis would be placed on changing the attitudes of men and youth with respect to reproductive health services and gender issues. The role of NGOs and popular organizations in IEC and sex education would be strengthened.

Population and development strategies

40. UNFPA would support the efforts of the State Planning Commission to finalize a comprehensive, integrated and multisectoral national population policy with qualitative and quantitative goals and would aid in its implementation and monitoring. To this effect, assistance would be made available to widening and fostering the participation of various groups including legislators, women groups, and governmental and non-governmental organizations in the policy dialogue. Support would be given to strengthen the capabilities of the Permanent Population Committee by establishing a full-time technical secretariat to assist the Advisory Technical Committee in undertaking policy research and the monitoring and evaluation of policy implementation. Similarly, UNFPA would support the State Planning Commission in integrating population variables into development planning at the national, sectoral and regional levels as well as in the coordination and monitoring of the population programme.

41. The Fund would assist the Central Bureau of Statistics, the Ministry of Interior and the Ministry of Health in collecting, analysing and disseminating population data, including reproductive health and gender indicators.

These activities would be guided by a comprehensive management information system. UNFPA would also support population and development training and research in universities.

Advocacy

42. UNFPA would support the advocacy role played by the Ministry of Health, the Association of Obstetrics and Gynaecological Doctors, the Permanent Population and Environment Committee in Parliament, and NGOs and popular organizations, particularly the Labour Union, the Youth Union and the Women's Union, with respect to reproductive health and gender issues. To this effect, assistance would be given to the conceptualization, articulation and promotion of population messages to be disseminated through face-to-face and inter-personal communication, weekly television and radio programmes, newspapers and seminars. The purpose of these activities would be to create public debate and a favourable environment for demanding quality reproductive health services and for ensuring gender equity and equality and the empowerment of women. The Fund would promote sociocultural studies and research in Islamic theology supporting the rights of individuals to quality reproductive health services. Journalists, members of editorial boards and influential communicators would be sensitized on gender issues.

Programme implementation, monitoring and evaluation

43. All phases of programme development would be carried out with community and NGO participation, in particular the Women's and Youth Unions. In addition, gender issues would be taken into full consideration in the formulation, implementation and evaluation of the programme. National execution by the Government and NGOs would be promoted. Technical backstopping would be sought by Syrian nationals first and foremost. The UNFPA Country Support Team (CST) in Amman would provide substantive support as requested. The monitoring of the programme would be the responsibility of the UNFPA Representative with the support of the local field office staff and the programme support staff. The monitoring and evaluation activities of the programme would take place in accordance with standard UNFPA guidelines. Special attention would be given to the inclusion of both quantitative and qualitative indicators during the formulation of programme activities. The Fund would undertake a mid-term programme review at the beginning of the third year of the programme.

Programme coordination

44. The State Planning Commission is mandated with coordinating international technical cooperation. It is expected that in addition to UNFPA, the following agencies would be providing assistance in the area of reproductive health and related IEC activities in coordination with UNFPA: WHO, UNICEF, the European Union, JICA and the IPPF. UNFPA would play a leading role in assisting the State Planning Commission in coordinating bilateral and multi-bilateral technical assistance in the field of population as proposed in the Country Strategy Note

Financial summary

45. As indicated in paragraph 1, UNFPA proposes to provide assistance to the Government of the Syrian Arab Republic for the period 1996-2000 in the amount of $18.0 million, of which $13.0 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5.0 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources and cost-sharing arrangements with the Government of the Syrian Arab Republic. The table below shows how the programme would accommodate this level of funding.

Sector	Regular resources ($)	Other resources ($)	Total resources ($)
Reproductive health	10,000,000	3,500,000	13,500,000
Population and development strategies	1,000,000	1,500,000	2,500,000
Advocacy	1,000,000	-	1,000,000
Umbrella and programme support	1,000,000	-	1,000,000
TOTAL	13,000,000	5,000,000	18,000,000

V. RECOMMENDATION

46. The Executive Director recommends that the Executive Board approve the programme for the Syrian Arab Republic as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS

DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/153
26 January 1996

ORIGINAL: English

Second regular session 1996
25-29 March 1996, New York
Item 3 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
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Recommendation by the Executive Director
Assistance to the Government of the Republic of Cape Verde
Support for a comprehensive population programme

UNFPA proposed assistance	$6.0 million, of which $5.0 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.0 million from a combination of UNFPA regular resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated government contribution	To be determined
Duration	5 years
Estimated starting date	January 1996
Executing agencies	Cape Verde Government United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating body	Ministry of Foreign Affairs and Cooperation

Demographic facts

Population (000)	
Total	392
Males	184
Females	208
Sex ratio (/100 females)	88.3
Urban	213
Rural	179
Per cent urban	54.3
Population in year 2000 (000)	448
Functional age groups (%)	
Young child 0-4	16.0
Child 5-14	26.2
Youth 15-24	20.6
Elderly 60+	6.6
65+	4.4
Percentage of women aged 15-49	48.5
Median age (years)	18.5
Dependency ratios total	87.2
(/100) Aged 0-14	78.9
Aged 65+	8.3
Agricultural population density (/hectare of arable land)	.
Population density (/sq km)	97.0

Average annual change (000)	
Population increase	11
Births	14
Deaths	3
Net migration	0
Annual population total (% growth)	2.7
Urban	5.5
Rural	-1.3
Crude birth rate (/1000)	33.9
Crude death rate (/1000)	7.2
Net migration rate (/1000)	0
Total fertility rate (/woman)	4.0
Contraceptive prevalence rate (% 15-44)	43.0
Gross reproduction rate (/woman)	2.0
Net reproduction rate (/woman)	1.8
Infant mortality rate (/1000)	41.4
Maternal mortality rate (/100,000)	.
Life expectancy at birth (years)	
Males	65.5
Females	67.5
Both sexes	66.7
GNP per capita (U.S. dollars, 1993)	920

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations. Figures for gross national product per capita: World Bank, World Tables 1995. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq km) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1995-2000. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1995-2000. The maternal mortality rate is from The State of World's Children 1995. Figures for contraceptive prevalence rates are for currently married women aged 15-44 and are from United Nations Population Division, World Contraceptive Use 1994. Two dots (..) indicate that data are not available.

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I SUMMARY

1 The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme over a five-year period, starting January 1996, in the amount of $6 million, of which $5 million would be programmed from UNFPA's regular resources, to assist the Government of Cape Verde in achieving its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's third cycle of assistance to Cape Verde.

2 The proposed programme has been designed using the main findings of the programme review and strategy development (PRSD) mission that visited Cape Verde in April 1995 and the national population policy and action plan. The PRSD document has been endorsed by the Government as a national document that will be taken as a reference by other donors in the field of population. Local non-governmental organizations (NGOs) have participated at all levels of programme formulation.

3 The long-term objective of the proposed programme is to establish a sustainable relationship between population, resources and development through the reduction of the country's fertility level and the implementation of a national population policy that is holistic, coherent and well coordinated. The immediate objectives, to be achieved by the year 2000, are to assist the Government to: (a) implement its population policy at the national level and to undertake its decentralization and regionalization in at least five of the nine inhabited islands; (b) reorganize at least 70 per cent of the reproductive health infrastructures for greater accessibility and better quality of services, and to integrate certain components of reproductive health services into existing programmes; and (c) carry out sociocultural and demographic research and studies to help the programme better define its target population.

4 All activities undertaken in the framework of the proposed programme would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

II BACKGROUND

5 The Cape Verde archipelago comprises 10 islands, 9 of which are inhabited. According to the 1990 population and housing census, Cape Verde had a population of 342,000 inhabitants. The United Nations estimated the total population at 400,000 in 1995. The population is characterized by the high proportion of young people under 25 years (64.5 per cent) and by an uneven distribution. Of the total population, 79.3 per cent lives on the islands of Santo Antão, Santiago and São Vicente, resulting in

a density that exceeds 100 inhabitants per square kilometre in Santiago and São Vicente. This has serious consequences for the island's fragile environment, which is subject to long periods of drought.

6. The demographic situation of the country is characterized by a high population growth rate resulting from high fertility levels and relatively low mortality rates. The country is also characterized by an unbalanced sex ratio that stood at 89.7 men for 100 women in 1990. This is the result of a very high level of selective emigration. In 1990, 38.3 per cent of households were headed by women. According to the 1988 agricultural census, 36 per cent of family farms were managed by women, among whom only 22 per cent were literate. The number of Cape Verdeans living overseas is estimated at between 300,000 and 700,000. Lately, however, the emigration flow has decreased significantly, falling from an annual average number of 4,500 in the 1970s to less than 2,000 in the last four years.

7. According to the 1990 population and housing census, the average annual population growth rate between 1980 and 1990 was 2.15 per cent. It is estimated at 2.8 per cent in 1995 by the United Nations. According to the same source, the urban population, which constitutes 54.3 per cent of the total, is growing at the rate of 5 per cent a year. Life expectancy at birth increased from 63.3 in 1987 to 65.7 years in 1995. Infant and maternal mortality was estimated in 1995 at 36.8 per 1,000 and 134.0 per 100,000 live births, respectively, which are among the lowest rates in the sub-Saharan Africa region. According to the only existing fertility survey, which was conducted in 1988, 86.2 per cent of women in the reproductive age groups knew about modern contraceptive methods, but only 12 per cent of them used any of these methods and 3.9 per cent used traditional methods. This low use of contraception is mostly explained by the restricted availability and accessibility of family planning services, on the one hand, and, on the other, by the concentration of the services in the two big towns, Praia and Mindelo. This situation also explains why abortion seems to be on the increase. A large number of women are favourable to contraception, in particular those in the 20-25 age groups who live in urban areas and who have a higher education level. The pill is the most popular method. Men have shown themselves to be less favourable to family planning, both for themselves and for their partners.

8. The total fertility rate decreased from 6.4 children per woman in 1980 to 5.8 children per woman in 1990. The total fertility rate was estimated at 4.1 in 1995 by the United Nations, but at 5.0 by the Government in 1994. The latter figure seems a better reflection of the situation in the country and will be used to set the target of the UNFPA programme for the year 2000. Women living in urban areas have an average of 5.2 children while those in the rural areas have 6.4. Women with a secondary or higher education have 3.4 children, while those with no education have an average of 7.1. About 57 per cent of births are from women aged 20-29, and 25 per cent of births are from mothers under 18 years of age. Of the 17-18 age group, 21 per cent have already had their second pregnancies. Pregnancies among the 13-19 age group are very common according to health authorities. Abortion, which has been legalized since 1986, is on the increase, but official statistics are not available.

9. Since Independence in 1975, the Government of Cape Verde has given due consideration to the importance of integrating population variables into its development planning process. In its first National Development Plan (1982-1985) the Government expressed concern about the country's rapid population growth. The second National Development Plan (1986-1990) again highlighted population-related issues. In the third National Development Plan (1991-1995), the notion of human development has been added to the strictly demographic targets of its predecessor. It has laid the groundwork for a concrete articulation of population issues and led to the formulation of a comprehensive and integrated national population policy, which was approved in August 1995.

10. In the health sector, Cape Verde gives priority to preventive care, to the protection of vulnerable groups and to community participation. The number of facilities providing maternal and child health and family planning (MCH/FP) services has increased from 15 in 1983 to 54 in 1993. The majority of health structures now provide MCH/FP services. Contraceptive methods are offered free of charge in all MCH/FP service facilities. In spite of these favourable factors, a lot remains to be done in the MCH/FP sector in order to extend MCH/FP services nationwide. These include a need for a study on the behaviours, attitudes and beliefs of the population, the lack of equipment and of qualified staff, the concentration of resources in the two main hospitals in Praia and Mindelo, insufficient interpersonal communication, and the lack of privacy and confidentiality within available family planning services.

11. Since Independence, the Cape Verde Government has taken important measures to reduce illiteracy by establishing compulsory schooling for children aged 6 to 12. However, about 60 per cent of children between 10 and 14 years drop out from school. According to the 1990 population census about 64.1 per cent of the population over six years old is literate. However, about 43 per cent of females over 6 years old are illiterate. A wide gap exists in female illiteracy rates between urban and rural areas.

12. Favourable factors for a successful population programme in Cape Verde include the Government's firm determination to tackle population and development problems, the wide variety of women's and youth organizations available to reach large segments of the population, efficient management of development programmes, the existence of a Committee on Population Activities (CAP), and an established national population policy and action plan that follows the ICPD recommendations. Factors that may compromise the success of the programme i thnclude the lack of human resources in the field of population and development, the loss of technical skills due to emigration, the high staff turnover due to low salaries, and some cultural and religious factors.

III. LESSONS LEARNED

13. The UNFPA second country programme, in the amount of $4 million, was approved for 1991-1995 with the objectives of: (a) assisting the Government in formulating a comprehensive population

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policy in order to reach its demographic objectives, (b) broadening the scope and improving the quality and accessibility of MCH/FP services, (c) improving the condition of women, especially that of women who are heads of households

14 The PRSD mission that was fielded in Cape Verde in April 1995 found that, on the whole, the second UNFPA programme of assistance to Cape Verde was well attuned to the country's third National Social and Economic Development Plan. Largely as a result of the programme, the national authorities have been able to formulate a comprehensive population policy and national action plan. A strategy paper on reproductive health has been formulated and draft documents prepared for the elaboration of a national population information, education and communication (IEC) strategy. The experiment aiming at the introduction of population and family life education in the primary and secondary schools curricula is being carried out smoothly. Updated socio-economic data for planning purposes have been obtained through the second population and housing census held in 1990. A significant number of women, including members of the country's 75 women's groups, have been sensitized to the means of taking charge of their own reproductive lives. However, the programme suffered from the shortage of human resources and high staff turnover and inadequate financial resources. Out of the programme's overall budget of $4 million, an amount of $3.5 million has been spent.

Maternal and child health and family planning

15 During the 1991-1995 period, UNFPA funded several activities in the area of MCH/FP. They aimed at reducing infant and maternal morbidity and mortality and at integrating family planning into the MCH services of the national health system. Activities included information and sensitization campaigns directed towards youth in order to increase their knowledge of contraceptive use and practices as a way of reducing teenage pregnancies. Other activities include the incorporation of family planning components into the training curricula of nurses, the provision of contraceptives to 50 MCH/FP health centres across the country, the organization of two training courses in sexually transmitted diseases (STDs), family life education and family planning training for 32 nurses, training and refresher courses for 150 health agents, and the establishment of two MCH/FP statistical units. Furthermore, assistance was provided for a national workshop for 34 health staff members to discuss aspects relating to the broadening of the MCH/FP concept to the larger notion of family health and to define a strategy for its implementing this broader concept. Other activities included a strategy for community-based distribution of contraceptives and the provision of certain contraceptives. UNFPA also purchased medical equipment to provide a larger range of family planning services.

16. Currently, all of the country's 5 hospitals, 17 (89.5 per cent) of its health centres, 15 (65 per cent) of its health posts, and 17 (26 per cent) of the basic health units provide MCH/FP services. The 1995 health indicators show a significant extension of the programme in terms of coverage: the use of modern contraceptive methods has increased from 12 per cent in 1988 to 27.3 per cent in 1995.

. . . .

17. The shortfalls relating to the provision of MCH/FP services include: (a) the failure to address the specific needs of men, youth and, especially, rural women, (b) the lack of attention to the broadened concept of reproductive health (c) deficiencies in the quality of services, in particular with regard to such aspects as the patient flow, privacy and confidentiality, (d) the weakness of the referral system, (e) insufficient training of nurses, (f) varying and inappropriate equipment on different islands, (g) weak supervision of activities at all levels, and (h) high staff turnover. During the four years of the previous programme neither a national study on knowledge, attitudes and practices of MCH/FP nor a study on adolescent fertility was carried out. The management information system (MIS) has helped to estimate some national indicators, but some of the indicators have not been updated. Additionally, the incorporation of monitoring tools for the distribution and management of contraceptive stocks has not been taken into account. The shortage of qualified staff has been a real constraint in putting the MIS into operation.

18. UNFPA commitment to the area of MCH/FP amounted to $1 million for 1991-1995, out of which $250,000 were to be sought from other multi-bilateral sources. Expenditures at the end of the programme cycle were $985,000, all of which came from UNFPA's regular funds.

Information, education and communication

19. Since 1982, UNFPA has been providing assistance for sensitization activities to address the problem of teenage pregnancies and for a national sex and family life education programme both in and out of schools. Three projects were implemented with the objectives of increasing the knowledge of both youths and adults about family life issues, creating an appropriate environment for the integration of population education components into school curricula; and developing a national population IEC strategy.

20. At the elementary school level, activities were designed to incorporate family life education components into the math, language, history and environment textbooks. However, due to delays in processing and project approval, the family life education manuals had to be prepared separately from the textbooks. At the secondary level, curricula incorporating population subjects are being tested in two schools. Training in family life education has been organized for various categories of teaching staff. The didactic materials for the secondary level for the next school year are being finalized. About 30 conferences and discussion meetings have been held to sensitize parents, teachers and administrative authorities in three different municipalities.

21. The out-of-school component of the project helped to sensitize coordinators and literacy agents to population and family life education topics. About 500 community workers have received this instruction, thus enabling a wide dissemination of messages. Some interesting initiatives have been undertaken by grass-roots agents, such as setting up of multisectoral teams to organize group discussions with communities on population-related issues. Training sessions for 58 health agents and

30 nurses have also been held with the participation of the MCH/FP and the national AIDS programme.

22. A multimedia communication workshop was organized in collaboration with various ministries and with the assistance of national and international consultants. A television series is under preparation and a seminar has been held on the follow-up and evaluation of the community agents. The project also funded the setting up of a rural radio on the island of Santo Antão, the training of young scouts in population and family life education, the provision of IEC materials to a nursery, and training in population and the environment by a local NGO. About fifty radio and television programmes have been broadcast on population-related topics, and several plays have also been produced.

23. Despite these achievements, the programme suffers from the lack of an adequate institutional framework for the coordination of population IEC activities, the lack of research and qualitative studies on the attitudes of the different segments of Cape Verdean society to population issues; the poor knowledge of mass media personnel and other social communicators in the area of population, insufficient use of traditional and community-based communication, insufficient evaluation of the IEC activities carried out in health structures, the restriction of in-school teaching to the 6-13 age group, and the lack of high-level population IEC specialists in the country.

24. UNFPA's commitment to the IEC sector amounted to $1 million for 1991-1995, of which $600,000 were to come from its regular resources. It is estimated that $790,000 was spent by the end of December 1995, all of which came from UNFPA regular resources.

Data collection and analysis

25. The population and housing census conducted in 1990 was carried out with technical and financial assistance from UNFPA and the Netherlands Government. During the 1991-1995 period, funding from UNFPA and the Netherlands helped the Government to finalize the analysis of the census data. The assistance helped to strengthen the capacities of the National Statistics Office in data collection and processing. The results of the census are currently being used in the preparation of the Government's fourth National Social and Economic Development Plan. The immediate objectives of the previous programme in the area of data collection and analysis have thus been partly reached.

26. However, because of the lack of national demographers on the census analysis team and insufficient funds to make use of international expertise, some of the data have not yet been analysed and published. In addition, due to the absence of coordination, there is neither a national data collection programme nor an established staff training programme. There is a shortage of qualified personnel at all levels. A population database has not yet been established. The civil registration system is characterized by an under registration of births. Information on migration is not well known, and entry and departure data from airports are not analysed. Similarly, data for the follow-up and

evaluation of the implementation of the population policy action plan is lacking. A Demographic and Health Survey has become an urgent necessity to fill in the gaps.

27. UNFPA's commitment to the data collection and analysis sector amounted to $450,000, of which $150,000 was to come from other multi-bilateral sources. Total expenditures will be $430,000 by the end of the programme cycle, including multi-bilateral assistance received from the Government of the Netherlands.

Population policy

28. During the previous programme, UNFPA supported setting up a documentation centre and worked to improve demographic analyses. Other activities included help in formulating a national population policy, elaborating action programmes to implement the policy, and helping to make all of the country's social groups aware of the content of the policy. The national population policy document was elaborated in 1994 and the plan of action finalized in 1995. The policy was approved by the Government in August 1995. Through the programme, the policy document has been published and widely disseminated in the country. A consultant in demography was recently recruited to assist in developing a database and demographic projections to help in the preparation of the country's fourth National Social and Economic Development Plan (1996-2000).

29. However, due to the limited financial and human resources, a more in-depth analysis of the interactions between demographic variables and socio-economic development could not take place. Due to low technical capacities, important research studies that had been planned for some time on migration, on the linkages between demographic behaviour and religious factors, and on the relations between various types of unions and fertility and poverty could not be carried out. Furthermore, no study has been carried out on the implications of the slowing rate of emigration, which in the past has significantly contributed to reducing the rate of population growth.

30. UNFPA's commitment in the area of population policy formulation amounted to $750,000, of which $150,000 was to be funded through multi-bilateral sources. The total expenditures will be $630,000 at the end of the period. No funds were received from multi-bilateral resources.

Gender, population and development

31. From 1991 through 1993, UNFPA assistance helped fund an inventory and synthesis of research studies, surveys and other documentation on Cape Verdean women and their status, and these studies were used to set up a database. It helped to develop training curricula and didactic materials for women. An inventory of available educational materials was also conducted. Forty women were trained as trainers for women's groups in such topics as family planning, contraception, STDs, and

teenage pregnancies. To a large extent the project's objectives were achieved except that the elaboration of an action programme for women, aimed particularly at promoting the integration of women in the development process, has not yet been elaborated. Another project was totally funded by the Luxembourg Government through multi-bilateral arrangements. The project helped to set up the Institute for the Condition of Women (ICF) and to reinforce its technical and administrative capacity. Sensitization activities and training for women's groups have started through sub-contracts with three women's NGOs.

32. Despite the creation of the ICF in 1994 and the increasing number of highly competent women executives, it has to be noted that the performance of the ICF is handicapped by a shortage of human and financial resources and equipment. In addition, the institutional frameworks of its potential partners, the NGOs and women's groups, are weak since they operate on a benevolent basis that is difficult to sustain, resulting in a lack of professionalism.

33. UNFPA's commitment in the area of gender, population and development amounted to $700,000 for the period 1991 through 1995, of which $550,000 was to be sought from other multi-bilateral sources. Expenditures will amount to $535,000 by the end of the period, all of which came from UNFPA regular resources.

Other sources of external assistance

34. UNICEF's assistance to Cape Verde is focused on primary health care, nutrition, water supply and sanitation, support to vulnerable groups, and social mobilization. Its annual assistance amounted to $800,000 through projects executed by various ministries. WHO supported the Government by providing medical equipment, laboratory supplies, training and manuals for MCH and basic health services. Its annual budget was around $70,000.

35. The United States Agency for International Development (USAID) has supported the integration of MCH/FP services in health structures. It has also provided on-the-job and overseas training for medical and paramedical personnel, medical equipment and materials for family planning services, and for the publication of documents on women's health. USAID is about to close down its offices in Cape Verde but intends to direct its future support of about $3 million (1994-1999) in the field of population through the International Planned Parenthood Federation (IPPF) and its local affiliate, VERDEFAM, which USAID helped to set up.

36. The European Union (EU) funds the national AIDS programme. The EU also assisted the Government in setting up a national health development centre which is the central unit for developing health education activities and is putting into place a training and information programme on the environment. Joint actions were carried out with UNFPA in developing the population and family life education curriculum.

37. The Swedish NGO, Radda Barnen, has ended its cooperation with Cape Verde. Thus, UNFPA remains the most important donor in the field of reproductive health. It should be pointed out that although there are exchanges of information between UNFPA and the other donor agencies, a lot remains to be done in terms of collaboration. Each agency tends to work in isolation with its own modus operandi, often in the same sectors and for the same target populations. The establishment of a donor coordination mechanism for population matters will help to avoid duplication of actions and conflicting message contents and would lead to greater efficiency.

IV. PROPOSED PROGRAMME, 1996-2000

Programme strategy

38. The strategies proposed by the PRSD mission in support of the programme objectives (detailed in paragraph 1 above) are the following: (a) elaboration and implementation of a policy for the development of human resources, (b) setting up of a database in population, development and reproductive health, (c) the formulation and implementation of an operational research programme, (d) decentralizing and regionalizing the national population policy, (e) strengthening information and social mobilization activities, (f) improving the reproductive health programme in terms of accessibility and quality, (g) introducing the gender approach in all activities, and (h) defining mechanisms for an integrated management of the national population programme.

Reproductive health

39. It is perceived that the previous programme's emphasis in MCH/FP confined women too much in their role as mothers. The new sectoral strategy recommends a more holistic approach to family health problems, based on the recommendations of the ICPD. It advocates the provision of the widest range of services with full information and promotion of informed choices by individual users. The principle of informed free choice is already stated in the national population policy and will be reinforced by the programme.

40. The following immediate objectives have been established for this third programme of assistance to the Government of Cape Verde: (a) to ensure the availability, accessibility and the quality of reproductive health services in 100 per cent of the hospitals and health centres, 90 per cent of health posts and 60 per cent of basic health care units, thus maximizing their accessibility to couples and individuals, and (b) to contribute to the increase of the contraceptive prevalence rate (CPR) from 27 per cent in 1995 to 37 per cent by the year 2000 and to the reduction of the total fertility rate from 5.0 in 1994 to 4.1 by the year 2000.

41. At the beginning of the programme, UNFPA, in collaboration with WHO, would assist the Government in defining reproductive health indicators and in preparing a comprehensive country

profile on reproductive health. Thereafter, a reproductive health action programme would be formulated that would encompass: (a) the elaboration and implementation of reproductive health norms and procedures, (b) the reorganization of services, including the provision of appropriate medical equipment in order to expand the available range of services offered, and (c) the improvement of the quality of those services, giving due attention to such aspects as patient flow, reception of patients, and the referral system. A national training strategy would be developed with the assistance of UNFPA regional training institutes that would include the revision of the School of Nursing curricula to incorporate the new concept of reproductive health. Provision of all methods of contraception would be an important component of the programme.

42. In order to reach the male population, one of the target groups, which did not receive adequate attention in the previous programme, IEC activities and services (distribution of condoms) would be carried out at the workplace. Taking into account the significant level of, and increasing trends in, teenage pregnancies, the programme would carry out actions specifically targeted at youths. Multi-functional centres would be established for adolescents. These would organize IEC activities using film projections, conferences, debates, information on jobs and counselling by specialized staff. Leisure activities would also be organized as a way of attracting youths. The strategy would be to train young people to act as peer counsellors. A referral system would be established with appropriate health centres in order to orient young people to these services. With regard to young people in school, the existing guidance and counselling centres established by the Ministry of Education would be used to organize IEC activities through debates, conferences, film projections, etc. The integration of population and family life education components into the elementary school curricula would be pursued and generalized throughout the system. Furthermore, population and family life education subjects would be incorporated into the secondary school curricula on the basis of the ongoing pilot phase.

43. To formulate the reproductive health programme and to help improve its performance, a better understanding of its implementation, drawbacks and constraints will have to be sought by carrying out operational research on the knowledge, attitudes and practices of reproductive health service providers as well as on factors affecting family planning use and the causes leading to drop-outs. A programme of socio-demographic and cultural research would therefore be developed at the start of the programme for a better understanding of the beliefs, perceptions, attitudes and practices of clients of reproductive health services (especially adolescents and men) and agents involved in population programme implementation.

Population and development strategies

44. The following objectives have been established for the population and strategies development sector: (a) to operationalize and regionalize the national action plan, (b) to formulate and implement a five-year training plan for the development of human resources, and (c) to increase the knowledge

of the country's sociocultural, economic and demographic realities by undertaking research in these areas.

45. The most urgent activities to be undertaken at the start of the programme include the reorganization and redefinition of the Committee on Population Activities, and the setting-up of a decentralized multisectoral technical committee, which will work to integrate the regional offices of the ICF and NGOs. The action plan needs to be updated in light of ICPD recommendations, and the policy itself needs to be revised to incorporate the gender approach. Finally, the municipalities need technical and financial assistance to help them carry out their responsibilities under the decentralized policy.

46. The proposed country programme would assist in drawing up a five-year training plan in population and development and reproductive health with particular emphasis on the training of women. Eighteen senior cadres of the ten main municipalities would be trained overseas in the management of population policies and programmes. Local training would be organized for the staff of other departments and institutions. A short- and medium-term training plan would be prepared to develop a pool of specialists in the field of population and family life education and communication. Support for income-generating activities for women would be strongly encouraged, in collaboration with other development partners such as UNDP and UNIFEM and Luxembourg and the Netherlands.

47. One of the major handicaps for assessing the Cape Verde population programme is the lack of reliable and updated data, particularly in the area of reproductive health. The PRSD highly recommended that a plan be developed to overcome this problem. The programme will help to remedy the situation by supporting further in-depth analysis of the 1990 population and housing census results, the processing and systematic analysis of the civil registration data, and the collection, processing and analysis of sectoral data gathered by the various ministries. In collaboration with other development partners, UNFPA would contribute to the preparation and organization of the next population and housing census scheduled for the year 2000.

48. Research would be undertaken on such topics as migration and a profile of Cape Verde women. A knowledge, attitudes and practices study would also be carried out. An operational tool for the integration of demographic variables into development plans and programmes would be elaborated for the national, regional and municipal levels. In collaboration with USAID and VERDEFAM, a Demographic and Health Survey would be undertaken. All these operations would help create a computerized population data bank.

Advocacy

49. The specific objectives in the area of advocacy are (a) to ensure the adherence and active collaboration of the whole population to the national population policy and the action plan; (b) to

contribute to the reduction of inequalities and inequities encountered by women, and (c) to develop mechanisms to improve programme coordination and resource mobilization.

50. The programme would, in the first place, assist the Government in carrying out an inventory of locally-based means of communication. Concurrently, a five-year training programme on population and development, reproductive health and the environment would be developed for the media and for social communicators and other grass-root agents. UNFPA would conduct advocacy activities to promote the decentralization of programmes and communication channels by working with other development partners to encourage the development of a local press, rural radios and community televisions. In order to promote appropriate legislative measures, the constitution of a parliamentary group on population matters would be encouraged. Financial support would be provided to cover such activities as study tours and visits of government officials to countries with successful population programmes. UNFPA, in collaboration with USAID, would assist in developing and disseminating a model using Cape Verde demographic data to illustrate the role of population growth in development. A communication unit would have the responsibility of finalizing and disseminating the population IEC strategy.

51. Despite the favourable legal and policy framework in Cape Verde, there is still a lot to be done to achieve full equality and equity between the sexes. There are cultural resistances, compounded by the adverse effects of poverty, that impede the promotion of equality. Illiteracy, affecting rural women in particular, poor knowledge of existing laws, inadequate mechanisms in applying policies and laws, and the lack of coordination are among the obstacles that need to be surmounted. UNFPA's assistance in this area would be to ensure that the gender approach is incorporated into a variety of programmes and sub-programmes and to develop continuous advocacy activities to encourage all development partners to coordinate their actions in support of women's income-generating activities.

52. The proposed programme would encourage the adoption of legal measures to ensure a greater protection of female adolescents and of women who are victims of violence. To that end, the existing legislation on women's rights that are part of the family code, together with those relating to responsible parenthood (including paternity) is to be updated and disseminated. Special efforts would be made to sensitize religious leaders. The promotion of equal opportunities for women in all levels of education, training and employment is a goal of the ICF and other NGOs, and the Fund would assist them in these efforts. These qualitative changes will materialize only if the ICF has the technical and financial means and expertise to undertake them. The programme would therefore help to develop sustained advocacy activities directed to the different public structures that would facilitate the coordinating role of the ICF.

Programme reserve

53. An amount of $300,000 would be set aside as a reserve in order to provide funds for some priority activities, within the UNFPA mandate, for which resources have not been earmarked in the framework of the proposed programme.

Coordination

54. Responsibility for coordinating the implementation of the national population policy is entrusted to an inter-ministerial body, the Committee on Population Activities (CAP). This committee also includes relevant NGOs and the private sector. The General Director for International Cooperation is responsible for fund-raising and for coordination with multi-bilateral donors. It is proposed to put into place a coordinating committee comprising the relevant national bodies and all development partners in the field of population, which would meet on a quarterly basis.

55. With regard to the United Nations System, the Resident Coordinator would hold regular meetings of the member organizations of the Joint Consultative Group on Policy (JCGP), also open to other members of the United Nations system, in order to facilitate the harmonization of programme cycles and the joint funding of projects. The Country Strategy Note (CSN), whose preparation is currently being discussed with the Government, would facilitate coordination.

Monitoring and evaluation

56. The proposed programme would be monitored using standard UNFPA guidelines. Regular visits would be made by the regional advisors of the UNFPA country support teams, depending on their availability. To that end an annual backstopping plan would be proposed early each year. At the national level, the ministries involved would set up inter-sectoral committees to discuss activities to be undertaken in the three core areas of UNFPA's programme and also to establish mechanisms for coordination, follow-up and evaluation. These three committees would meet on a quarterly basis. The Government would conduct an evaluation exercise in collaboration with UNFPA every six months in each of the three sectors. The reports would then be reviewed by the CAP. The CAP will meet once a year to give policy orientation to the programme and to ensure its follow-up. The General Director of Planning, in his capacity as the CAP Secretary, would prepare an annual progress report on the population policy based on the implementation of the action plan. The report would be reviewed by the CAP and sent to the Council of Ministers for guidance. In conformity with UNFPA procedures, a mid-term review of the programme would take place around mid-1998, conducted by the Government in close collaboration with UNFPA and the other development partners.

Financial summary

57. As mentioned in paragraph 1 above, UNFPA would provide assistance in the amount of $6 million over the five-year period, 1996-2000, of which $5 million would be programmed from UNFPA's regular resources. The balance of $1 million would be met partly by UNFPA and by other multi-bilateral sources. The following table shows the allocation distribution based on the two sources of funding.

Sector	UNFPA regular resources ($)	Other resources ($)	Total ($)
Reproductive health	2,800,000	500,000	3,300,000
Population and development strategies	1,300,000	400,000	1,700,000
Advocacy	600,000	100,000	700,000
Programme reserve	300,000	-	300,000
TOTAL	5,000,000	1,000,000	6,000,000

V. RECOMMENDATION

58. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Cape Verde, as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.